

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

63-032190
4572 STATE FILE NUMBER

FILED SEP 11 1963

VS 300
Rev. 4/59

1
2 7005
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4 0
5 2
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7 1
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9 4200
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12 922
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
RAYMOND L. WHEATSTONE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Independence	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Northeast Hospital		d. STREET ADDRESS 9417 E. 16th St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle RICHARD Last COON		4. DATE OF DEATH Month August Day 15 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-18-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Barber	9. AGE (last birthday) 72
11. BIRTHPLACE (City and state or country) Odell, Nebraska		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Coon		13b. MOTHER'S MAIDEN NAME Nancy Rhodes	
14. NAME OF HUSBAND OR WIFE Irene Coon - Dec.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Indep., Mo Mrs. J.R. Harrison, 9417 E. 16th	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest DUE TO (b) Complete heart block DUE TO (c) Massive Coronary Thrombus			INTERVAL BETWEEN ONSET AND DEATH Immediate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY [REDACTED] STATE [REDACTED]	
21. I attended the deceased from February 1962 to Aug 15, 1963 and last saw her alive on August 15, 1963 Death occurred at 6:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Raymond L. Wheatstone, M.D.		22b. ADDRESS Independence Mo	
22c. DATE SIGNED 8/16/63		23d. LOCATION (City, town, or county) Burton, Kansas	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-16-1963	23c. NAME OF CEMETERY OR CREMATORY Burton Cemetery	
24. FUNERAL DIRECTOR Sheil Funeral Home, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 8-16-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

001800-001

SEP 11 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jimmy S. Bruch

Licensed Embalmer No. 5212

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.